K061211

Summary of Safety and Effectiveness

JUN 14 2006

Submitter:	Zimmer, Inc. P.O. Box 708 Warsaw, IN 46581-0708
Contact Person:	Anthony Francalancia Senior Associate, Regulatory Affairs Telephone: (574) 372-4570 Fax: (574) 372-4605
Date:	April 28, 2006
Trade Name:	*NCB*® Plating System
Common Name:	Plate, Fixation, Bone Screw, Fixation, Bone
Classification Reference:	21 CFR § 888.3030, 3040
Predicate Devices:	Zimmer *NCB*® Plating System, Humerus and Femur Plates (K042695, cleared October 29, 2004). Synthes 4.5mm Titanium LCP Proximal Tibia Plating System (K023802, cleared January 28, 2003). Synthes 3.5mm Titanium LCP Proximal Tibia Plating System (K030597, cleared March 20, 2003).
Device Description:	The *NCB* Plating System is an extramedullary internal fixation plate system to be used for proximal tibia fractures. It is intended to be implanted either percutaneously or by a traditional open method.
Intended Use:	The *NCB* Plating System is indicated for temporary internal fixation and stabilization of fractures and osteotomies of long bones.
Comparison to Predicate Device:	The *NCB* Plating System Proximal Tibia plates have the same intended use, similar performance characteristics, are made of the same material and are similar in design to the predicate devices.

Performance Data (Non-clinical):	The results of non-clinical (laboratory) performance testing demonstrate that the device is safe and effective.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 14 2006

Zimmer, GmbH
% Zimmer, Inc.
Mr. Anthony Francalancia
Senior Associate, Regulatory Affairs
P.O. Box 708
Warsaw, Indiana 46581-0708

Re: K061211
Trade/Device Name: *NCB*® Plating System
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: II
Product Code: HSB, HWC
Dated: April 28, 2006
Received: May 1, 2006

Dear Mr. Francalancia:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

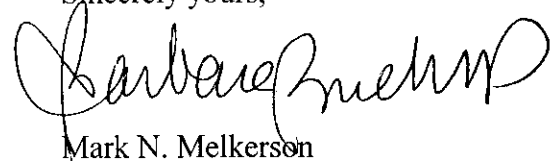
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,



Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):

Device Name:

NCB® Plating System

Indications for Use:

The NCB Plating System is indicated for temporary internal fixation and stabilization of fractures and osteotomies of long bones.

Prescription Use _X_ AND/OR Over-The-Counter Use ____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(Please do not write below this line – Continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K061211